

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/732,897
		Filing Date	December 9, 2003
		First Named Inventor	Pennell, Andrew M.K.
		Title	SUBSTITUTED PIPERAZINES
		Art Unit	1624
		Examiner Name	Emily B. Bernhardt
		Attorney Docket	019934-003720US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20350

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City	State	Zip		
Country				
Telephone	Email			

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	April 8, 2009
Name	Thomas Schall	Telephone	
Title and Company	President and CEO, ChemoCentryx, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.